

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FORMS (DATE)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	INC	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7	1					
8		1				
9		1				
10		1				
11	1					
12		1				
13						
14						
15						
16						
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19						
20						
21						
22						
23						
24						
25						
26						
27						
28		1				
29						
30						
31						
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36						
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38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49	2					
50	13					
TOTAL RD.		1		1		1

	IND	DEP	IND	DEP	INC	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
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94						
95						
96						
97						
98						
99						
100						
TOTAL RD.						